

# State of Florida Purchasing Card Program

## Traveler Agreement

I AGREE TO THE FOLLOWING REGARDING TRAVEL ARRANGED FOR ME USING THE FLORIDA PURCHASING CARD.

- 1) I understand that I may incur only 100 percent reimbursable travel expenses.
- 2) I have been provided information on allowable charges that I may incur.
- 3) I understand that under no circumstances will I make personal purchases, either for myself or others, on the purchasing card account. Using the purchasing card account for personal gain or unauthorized use may result in disciplinary actions up to and including termination of employment and/or prosecution to the extent permitted by law.
- 4) I will follow Florida Law, travel policies of my employing or authorizing agency, and the established guidelines for using the Purchasing Card. Failure to do so may result in either revocation of travel privileges using the purchasing card or other disciplinary action.
- 5) I have been provided a copy of the Purchasing Card Travel Instructions and understand the Purchasing Card Program travel procedures. I have been given an opportunity to ask any questions to clarify my understanding of the Purchasing Card Program.
- 6) I understand the requirements to promptly notify the authorizing cardholder of any cancellations (with cancellation numbers) in order to avoid costs to the state for unused reservations.
- 7) I agree to maintain all required information and receipts, and to provide the original copies to the authorizing cardholder not later than one (1) working day after completing my travel.
- 8) I understand that I am required to submit a completed Voucher for Reimbursement of Travel Expenses within five (5) working days of the last day of travel showing purchasing card transactions and all other expenses which I may claim even though the net amount due to me is zero.
- 9) I agree that, should I violate the terms of my Agreement, I will reimburse the State of Florida for all incurred charges and any costs related to the collection of such charges. Additionally, any such charges that I owe the State may be deducted from any money which would otherwise be due and owing me, including salary or wages, in accordance with Rule 3A-21.004, F.A.C.

\_\_\_\_\_

Traveler's Signature/Date

\_\_\_\_\_

Authorizing Cardholder's Signature/Date

\_\_\_\_\_

Print Traveler's Name

\_\_\_\_\_

Print Cardholder's Name

Telephone Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_